

## Application Process for Physician Assistant Licensure

To qualify for physician assistant licensure in Nebraska, applicants must have graduated from an approved physician assistant program and have passed the Physician Assistant National Certifying Examination (PANCE) given by the National Commission on Certification of Physician Assistants (NCCPA).

To apply for licensure, the following materials must be submitted to our Department:

- ❑ *Application for License to Practice as a Physician Assistant*, completed in full.
- ❑ Required fee: \$102, \$101, or \$26 depending on issue date. (See below.)
- ❑ Photocopy of birth certificate, driver's license, or other proof of age.
- ❑ Criminal Background Check. Applicants must submit fingerprints to the Nebraska State Patrol. See enclosed sheet for more information.
- ❑ Certified final transcripts showing date of graduation and degree awarded from an approved PA program. Transcripts must be sent to us directly from the school.
- ❑ Documentation of successful PANCE scores sent directly from the NCCPA.
- ❑ For applicants who hold physician assistant licensure in state(s) other than Nebraska, certification of licensure from each state that has issued a license.
- ❑ Copy of Federal Controlled Substance Registration (if applicable).

**APPLICATION FEE:** The fee for a new physician assistant license is \$100 plus a \$1 per year Licensee Assistance Program (LAP) fee. All physician assistant licenses in Nebraska expire October 1 of odd years. If a new license is issued more than one year before the expiration date, the fee is \$102. If a new license is issued within one year but more than 6 months prior to the expiration date, the fee is \$101. If new license is issued within six months of the expiration date, the fee is prorated to \$26. Use chart below to determine the amount you should submit. Find box for the month and year corresponding to the date you are submitting your application and submit fee listed.

Year	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Even (2006)	\$102	\$102	\$102	\$102	\$102	\$102	\$102	\$102	\$102	\$101	\$101	\$101
Odd (2005)	\$101	\$101	\$101	\$26	\$26	\$26	\$26	\$26	\$26	\$102	\$102	\$102

Checks should be made payable to *Credentialing Division, State of Nebraska*.

**PANCE SCORES:** Applicants must contact the NCCPA to have scores sent to our Department. When contacting the NCCPA, specify that you need a score transfer; verification of your certification status will not be sufficient. Written requests should include applicant's name, current mailing address, daytime telephone number, Social Security Number, date applicant took PANCE, and applicant's signature. Requests can be faxed to the NCCPA at (678) 417-8135 or mailed to NCCPA, 12000 Findley Rd Ste 200, Duluth GA 30097. A score transfer can also be requested by accessing the NCCPA website: [www.nccpa.net](http://www.nccpa.net).

**TEMPORARY PHYSICIAN ASSISTANT:** A new graduate who has not yet taken the PANCE examination or is awaiting the results may apply for a temporary license by submitting to this Department (1) the application for a physician assistant license and (2) documentation of successful completion of a

physician assistant program (such as a certified copy of the diploma or certificate). Persons with the temporary license must receive 100% supervision by a supervising physician. Temporary licenses expire one year after issue date. A permanent license will be issued when our Department receives official documentation of passing PANCE scores and all other required application materials described above.

**APPLICANTS LICENSED IN OTHER STATES:** A certification of licensure must be mailed directly to our office from each state or jurisdiction that has ever issued you a physician assistant license. Certifications must be received even for licenses that are no longer active. You can forward the *Request for Certification of Physician Assistant Licensure* form to the relevant state board(s). Be advised that many states charge a fee for this service.

**SUPERVISING PHYSICIANS:** To practice in Nebraska, a physician assistant must have a supervising physician who has been certified by this Department to supervise the particular PA. To apply for a supervisor certificate, the physician will need to complete the appropriate application and pay a \$100 fee. The supervising physician and physician assistant must also sign a Scope of Practice Agreement delineating the duties of the physician assistant. The Agreement must be kept at the primary site of practice. If backup supervisors will be used, a written agreement must be signed by the supervising physician and any physician who agrees to supervise the PA in the absence of the primary supervising physician. The backup agreement must also be kept at the primary site of practice. Sample scope of practice and backup supervisor agreements are available from this office upon request.

**Supervising physicians are required to provide the Department of written notification whenever the supervisory relationship between physician and physician assistant ends.**

**APPROVAL PROCESS:** Upon our receipt of properly completed application and all required documents, please allow approximately **30 days** for approval. If we determine that the application requires approval by the Board of Medicine, the process will take considerably longer. We will keep applications on file for 150 days. Applications not completed within 150 days will be discarded and a refund, less a \$25 administrative fee, will be processed.

**A physician assistant may not begin practice in Nebraska until (1) he or she has been issued a physician assistant license or a temporary physician assistant license by this Department and (2) a physician has been issued a certification by this Department to supervise the physician assistant.**

All application materials should be sent to:

Nebraska Health and Human Services  
Regulation and Licensure  
Credentialing Division  
Attn: Physician Assistants  
301 Centennial Mall South, 3<sup>rd</sup> Floor  
PO Box 94986  
Lincoln, NE 68509-4986

For questions or additional information call the Credentialing Division at (402) 471-2118.

## CRIMINAL BACKGROUND CHECKS

### Instructions

LB 306 was passed by the 2005 Nebraska Legislature. This law goes into effect September 4, 2005, and will be codified as Neb. Rev. Stat. §71-104.01.

An applicant for an initial license to practice a profession which is authorized to prescribe controlled substances as determined by the department shall be subject to a criminal background check. The applicant shall submit with the application a full set of fingerprints which shall be forwarded to the Nebraska State Patrol to be submitted to the Federal Bureau of Investigation for a national criminal history record information check. The applicant shall authorize release of the results of the national criminal history record information check to the department. The applicant shall pay the actual cost of the fingerprinting and criminal background check. This section shall not apply to dentists who are applicants for temporary practice rights (locum tenens) under subdivision (5) of section 71-183.01 or to physicians and surgeons who are applicants for temporary practice rights (locum tenens) under subdivision (17) of section 71-1,103.

**To avoid delays in processing your application for licensure, fingerprints should be obtained and submitted to the Nebraska State Patrol at the same time as you submit your application for licensure to the Department.**

#### Fingerprinting Procedure

1. **If you received a printed application from our office**, two fingerprint cards were enclosed. Take the fingerprint cards to any State Patrol office or law enforcement agency. Contact information for the Nebraska State Patrol offices is included with these instructions. No appointment is necessary for the Lincoln location. The Lincoln location is open Monday through Friday, 8 a.m. to 4 p.m. for fingerprinting. You must call ahead to schedule an appointment at the Nebraska State Patrol offices located outside of Lincoln to ensure that someone will be there to conduct the fingerprinting. These offices have limited hours when fingerprinting will be conducted.
2. The Nebraska State Patrol does not charge for the service of taking your fingerprints. However, other law enforcement agencies in Nebraska or other states may charge a fee.
3. **If you obtained your application online**, fingerprint cards can be obtained by contacting our office or from any State Patrol office or law enforcement agency.
4. **DO NOT FOLD THE FINGERPRINT CARDS.**
5. You must take one form of photo ID with you when obtaining your fingerprints. Acceptable forms of ID include a driver's license, visa or passport. If you are from a foreign country and do not have one of these forms of photo identification, provide any documentation issued by your country, legal sovereign or consulate.
6. You may print your name, address, Social Security Number, date and place of birth, and physical identifiers on the fingerprint cards. **DO NOT sign the fingerprint cards** until the law enforcement officer has verified your signature with the form of identification that you provide. **DO NOT write in the field labeled ORI.** In the space on the fingerprint cards marked "Reason Fingerprinted", you should print the following: **"R & L Health Credentialing"**.

7. After the fingerprinting procedure is completed, the cards will be given to you. **DO NOT FOLD THE FINGERPRINT CARDS.** Place the cards in the envelope provided (if you obtained the cards from us), along with a personal check, money order or cashier's check for the appropriate fee listed below, payable to the Nebraska State Patrol, and drop it in the mail. If you obtained the cards from a State Patrol office or other law enforcement agency, you will need to place the cards and the payment in an envelope addressed to:

Nebraska State Patrol  
CID Division  
P.O. Box 94907  
Lincoln, NE 68509

### **Fees**

**Fingerprints submitted prior to June 1, 2006, must include payment of \$33.00.**  
**Fingerprints submitted on or after June 1, 2006, must include payment of \$38.00.**

8. It may take several weeks for your criminal background check to be received by the Department. No licensing decision will be made until all information is received.

#### **Offices of the Nebraska State Patrol**

#### **Days/Hours that Fingerprinting is Conducted**

Troop A  
4411 S. 108<sup>th</sup> St.  
Omaha, NE 68137  
Phone: 402/595-2410

Wednesday mornings from 8:00 a.m. to noon  
(appointment required)

Troop B  
1401 Eisenhower Ave.  
Norfolk, NE 68701  
Phone: 402/370-3456

Usually on Tuesdays  
(appointment required)

Troop C  
3431 Potash  
Grand Island, NE 68802  
Phone: 308/385-6000

Mondays from 10:00 a.m. to noon  
and from 1:00 p.m. to 2:45 p.m.  
(appointment required)

Troop D  
Satellite Crime Lab  
4915 S. Snyder Dr.  
North Platte, NE 69103  
Phone: 308/535-8062

Wednesday mornings from 8:00 a.m. to noon  
(appointment required)

Troop E  
4500 Avenue I  
Scottsbluff, NE 69361  
Phone: 308/632-1211

Wednesdays after 1:00 p.m.  
(appointment required)

Criminal Identification Division (CID)  
233 S. 10<sup>th</sup> St.  
Lincoln, NE 68508

Monday through Friday 8:00 a.m. to 4:00 p.m.  
(no appointment necessary)

Nebraska Health and Human Services System  
 Department of Regulation and Licensure  
 Credentialing Division  
 301 Centennial Mall South, 3<sup>rd</sup> Floor  
 PO Box 94986  
 Lincoln, NE 68509-4986 ♦ (402) 471-2118

Fee: **\$101 or \$102 or \$26**  
 (see fee schedule on cover sheet)

Rev. 12-13-05

**Application for License to Practice as a  
Physician Assistant**

<b>Section A - Personal Information</b>				
1.	Name	Last:	First:	Middle/Maiden:
2.	Social Security Number:			
3.	Date of Birth	M/D/Y	Place of Birth: (city & state)	
4.	Mailing Address	Street/PO/Route:		
		City:	State:	Zip:
5.	Permanent Address (if different)	Street/PO Box/Route:		
		City:	State:	Zip:
6.	Telephone Number: (optional)			
7.	Email address: (optional)		FAX number: (optional)	
8.	Have you been licensed as a physician assistant in another state of jurisdiction?			Answer Yes or No
	If yes, list below. A certification of licensure must be sent directly to our office from each state that has issued you a physician assistant credential. See cover sheet for additional information.			
	State	License #	Issue Date	Expiration Date
9.	List in chronological order all professional medical activities since graduation, including absences from work except incidental sick leave and usual vacations. (Attach additional sheet if necessary.)			
	Name of Employer/Organization	Dates Employed	Title/Duties	

<b>Section B – Education</b>		
1.	Name of Physician Assistant Program:	
2.	Location:	City: State:
3.	Date Program Completed	M/D/Y:
4.	Name of Degree or Certificate Earned:	

<b>Section C – Examination</b>		
	If applying for permanent license, list date NCCPA PANCE was successfully completed	M/D/Y
	Certificate Number:	
	If applying for temporary license, list date you are scheduled to take the PANCE	M/D/Y

<b>Section D – Controlled Substances Registration. Check one of the following:</b>		
	I have enclosed a photocopy of my <u>current</u> Federal Controlled Substances Registration. My Federal Controlled Substances Registration Number is _____, and it expires on _____.	
	I am currently applying for a Federal Controlled Substances Registration, and will send a photocopy of such when I receive the registration.	
	I do not have nor am I applying for a Federal Controlled Substances Registration and I will not be prescribing, administering or dispensing controlled substances in Nebraska. I understand that at such time that I do intend to prescribe, administer or dispense controlled substances in Nebraska, I will first need to have a Federal Controlled Substances Registration issued to me. At that time I am also to supply a photocopy of the registration to the State of Nebraska.	

<b>Section E - Answer the following questions either yes or no. If you answer yes to any question, you must attach to this application an explanation of the circumstances and outcome.</b>				
1.	Has any state or territory of the U.S. ever taken any of the following actions against your license, certificate, or registration?			
	<b>Answer EACH Yes or No</b>			
		a	Denied	
		b	Suspended	
		c	Revoked	
2.	Has any licensing or disciplinary authority ever taken any of the following actions against your license, certificate, or registration?			
	<b>Answer EACH Yes or No</b>			
		a	Denied	
		b	Suspended	
		c	Revoked	
3.	Has any licensing or disciplinary authority placed your license, certificate or registration on probation?			
	<b>Answer Yes or No</b>			
4.	Have you ever voluntarily surrendered a license, certificate, or registration issued to you by a licensing or disciplinary authority?			
	<b>Answer Yes or No</b>			
5.	Have you ever been voluntarily limited in any way a license, certificate or registration issued to you by a licensing or disciplinary authority?			
	<b>Answer Yes or No</b>			
6.	Have you ever been requested to appear before any licensing agency?			
	<b>Answer Yes or No</b>			
7.	Have you ever been notified of any charges or complaints filed against you by any licensing or disciplinary authority or criminal prosecution authority?			
	<b>Answer Yes or No</b>			
8.	Have you ever been addicted to, dependent upon or chronically impaired by alcohol, narcotics, barbiturates, or other drugs which may cause physical and/or psychological dependence?			
	<b>Answer Yes or No</b>			

9.	During the past ten years, have you voluntarily entered or been involuntarily admitted to an institution or health care facility for treatment of a mental or emotional disorder/condition? <div style="text-align: right;">Answer Yes or No</div>	
10.	During the last ten years, have you been diagnosed with or treated for bipolar disorder, schizophrenia, or any psychotic disorder? <div style="text-align: right;">Answer Yes or No</div>	
11.	Have you ever been convicted of a felony? <div style="text-align: right;">Answer Yes or No</div>	
12.	Have you ever been convicted of a misdemeanor? <div style="text-align: right;">Answer Yes or No</div>	
13.	Have you ever been denied a Federal Drug Enforcement Administration (DEA) registration or State controlled substances registration? <div style="text-align: right;">Answer Yes or No</div>	
14.	Have you ever been called before any licensing agency or lawful authority concerned with DEA controlled substances? <div style="text-align: right;">Answer Yes or No</div>	
15.	Have you ever surrendered your State or Federal controlled substances registration for reasons other than a move to a state where controlled substances registration was not required? <div style="text-align: right;">Answer Yes or No</div>	
16.	Have you ever had your State or Federal controlled substances registration restricted in any way? <div style="text-align: right;">Answer Yes or No</div>	
17.	Have you ever been notified of any malpractice claim against you? <div style="text-align: right;">Answer Yes or No</div>	
18.	Effective July 1, 2004, the Department is authorized to assess an administrative penalty in the amount of \$10 per day, not to exceed a total of \$1,000 when evidence exists that a person has practiced as a physician assistant prior to being issued a license. Have you actively practiced as a physician assistant in Nebraska prior to being issued a license? <div style="text-align: right;">Answer Yes or No</div>	
	If yes, how many days have you actually practiced as a physician assistant in Nebraska since July 1, 2004? <div style="text-align: right;">Total Number of Days</div>	

\*\*\* **Section F – Attestation** \*\*\*

I, \_\_\_\_\_, attest that the statements on this application are true and complete.  
(typed or printed name)

Signature : \_\_\_\_\_ Date Signed: \_\_\_\_\_

Submit with this application: ♦ Photocopy of driver's license or birth certificate; ♦ Check or money order for the correct application fee. (See cover sheet.) Make checks payable to Credentialing Division, State of Nebraska.

A criminal background check is required. Send fingerprint cards directly to the Nebraska State Patrol

A physician assistant cannot begin practice in Nebraska until this Department certifies a supervising physician.